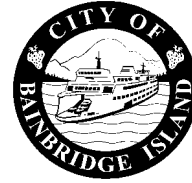


CITY OF BAINBRIDGE ISLAND

**REZONE APPLICATION**

FORM MUST BE COMPLETED IN INK, PREFERABLY BLUE.  
PENCIL WILL NOT BE ACCEPTED.



<p><b>DATE STAMP FOR CITY USE ONLY</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b><u>TO BE FILLED OUT BY APPLICANT</u></b></td> </tr> <tr> <td style="width: 60%;">PROJECT NAME:</td> <td></td> </tr> <tr> <td>TAX ASSESSOR'S NUMBER:</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> </tr> <tr> <td colspan="2">PROJECT STREET ADDRESS OR ACCESS STREET:</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b><u>FOR CITY USE ONLY</u></b></td> </tr> <tr> <td>FILE NUMBER:</td> <td></td> </tr> <tr> <td>PROJECT NUMBER:</td> <td></td> </tr> <tr> <td>DATE RECEIVED:</td> <td></td> </tr> <tr> <td>APPLICATION FEE:</td> <td></td> </tr> <tr> <td>TREASURER'S RECEIPT NUMBER:</td> <td></td> </tr> </table>	<b><u>TO BE FILLED OUT BY APPLICANT</u></b>		PROJECT NAME:		TAX ASSESSOR'S NUMBER:	_____		_____		_____	PROJECT STREET ADDRESS OR ACCESS STREET:		_____		<b><u>FOR CITY USE ONLY</u></b>		FILE NUMBER:		PROJECT NUMBER:		DATE RECEIVED:		APPLICATION FEE:		TREASURER'S RECEIPT NUMBER:	
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<b>SUBMITTAL REQUIREMENTS</b>	
<b>APPLICATION</b>	<i>One original (which must contain an original signature)</i> and <i>six copies</i> must be provided. Whenever possible, originals must be <i>signed in blue</i> . Please identify the original document.
<b>SUPPORTING DOCUMENTS</b>	<i>One original (which must contain an original signature)</i> , where applicable, and <i>six copies</i> (if an original is not applicable, <i>nine copies</i> must be provided).
<b>FULL-SIZE DRAWINGS</b>	<i>Seven copies</i> of the required drawings must be provided. Drawings <b>must not exceed 18" x 24"</b> in size. <i>No construction drawings</i> will be accepted unless specifically requested.
<b>REDUCED DRAWINGS</b>	<i>Two copies</i> of the drawings reduced to 11" x 17" must be provided.
<b>SUBMITTING APPLICATIONS</b>	Applications <b>must be submitted in person</b> by either the owner or the owner's designated agent. Should an agent submit the application, a <b>notarized Owner/Applicant Agreement</b> must accompany the application (owner/app agreement attached). Please call (206) 780-3762 to set up an appointment to submit the application.
<b>FEES</b>	Please call the Department of Planning & Community Development for submittal fee information. Review by the Kitsap County Health Department may require additional fees and processing time.
<b>ATTACHED SUBMITTAL CHECKLIST</b>	Please refer to attached Submittal Checklist for further information. <b>NOTE:</b> when submitting this application, please do not copy or include the Submittal Checklist sheets attached to the back of this application.
<p><b>APPLICATIONS WILL NOT BE ACCEPTED</b> unless these basic requirements are met and the submittal packet is deemed counter complete.</p>	

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT  
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812  
PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov  
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**CITY OF BAINBRIDGE ISLAND**

**REZONE APPLICATION**

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**A. GENERAL INFORMATION**

1. Name of property owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of property owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of property owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

*If the owner(s) of record as shown by the county assessor's office is (are) not the agent,  
the owner's (owners') signed and notarized authorization(s) must accompany this application.*

2. Applicant/agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

3. Project contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

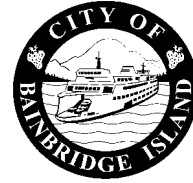
4. Planning department personnel familiar with site: \_\_\_\_\_

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5. Description of  
proposal:

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6. Driving directions to  
site:

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7. Legal description(s) (or attach):

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8. Proposed zone  
classification:

9. Proposed density:

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10. Parcel information:

Assessor's parcel number	Parcel owner	Is property developed
		Y / N
		Y / N
		Y / N
		Y / N

11. Current comprehensive plan, zoning and shoreline designations and use of subject parcel(s):

Lot Number	Comp Plan Designation	Zoning Designation	Shoreline Designation	Current Use
Lot				
Lot				
Lot				
Lot				

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# CITY OF BAINBRIDGE ISLAND

## REZONE APPLICATION

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12. Current comprehensive plan, zoning and shoreline designations and use of adjacent properties:

Property	Comp Plan Designation	Zoning Designation	Shoreline Designation	Current Use
North				
South				
East				
West				

13. Does the site contain an environmentally sensitive area as defined in Critical Areas Ordinance (*Bainbridge Island Municipal Code Chapter 16.20*)?

☐ yes ☐ no ☐ unknown

If yes, check as appropriate:

<input type="checkbox"/> wetland*	<input type="checkbox"/> geologically hazardous area**
<input type="checkbox"/> wetland buffer*	<input type="checkbox"/> zone of influence**
<input type="checkbox"/> stream*	<input type="checkbox"/> slope buffer**
<input type="checkbox"/> stream buffer*	<input type="checkbox"/> fish and wildlife habitat area

\* If your site includes a wetland or wetland buffer, a wetland report is required with your application.

\*\*If your site includes a geologically hazardous area or is within the zone of influence as defined in Bainbridge Island Municipal Code 16.20, a geotechnical report may be required with your application.

14. Are there underlying/overlying agreements on the property? ☐ yes ☐ no ☐ unknown

If yes, check as appropriate and provide a copy of the decision document:

<input type="checkbox"/> CUP Conditional Use Permit	<input type="checkbox"/> SPR Site Plan Review
<input type="checkbox"/> MPD Master Planned Development	<input type="checkbox"/> SPT Short Plat
<input type="checkbox"/> PUD Planned Unit Development	<input type="checkbox"/> SSDP Shoreline Permit
<input type="checkbox"/> REZ Contract Rezone	<input type="checkbox"/> SUB Prior Subdivision
<input type="checkbox"/> RUE Reasonable Use Exception	<input type="checkbox"/> VAR Zoning Variance
	<input type="checkbox"/> Other: _____

Under which jurisdiction was the approval given?

☐ City of Bainbridge Island ☐ Kitsap County

Approval date: \_\_\_\_\_

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**B. Technical Information**

1. Name of water purveyor: \_\_\_\_\_  
If a private well, what class? \_\_\_\_\_

2. Type of sewage disposal: ☐ on-site septic ☐ off-site septic ☐ sewer  
Sewer district: ☐ City of Bainbridge Island ☐ Sewer District 7

3. Flood plain designation: ☐ A ☐ AE

4. Any terms, conditions, covenants and agreements or other documents regarding the intended development, if applicable (or attach):  
\_\_\_\_\_  
\_\_\_\_\_

5. List other applications submitted in conjunction with this rezone request:  
\_\_\_\_\_  
\_\_\_\_\_

6. Is there any other information which is pertinent to this project? ☐ yes ☐ no  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. REZONE CRITERIA**

**In accordance with Bainbridge Island Municipal Code Chapter 2.16.140.H, the applicant must answer the following questions (attach additional sheets if there is not enough room provided for your answers):**

1. Will the uses permitted in the proposed zone be materially detrimental to the public welfare or injurious to the property or improvements in the vicinity and zone in which the property is located? If not, why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. What changes have occurred in the character, conditions or surrounding neighborhood that would justify or otherwise substantiate the rezone?

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3. How is the property more suitable for the development in general conformance with zoning standards under the proposed zoning designation? Explain how the relationship to arterials, surrounding use of land, topography, etc., justifies this rezone.

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4. Will the rezone be materially detrimental to uses or property in the immediate vicinity of the subject property? If not, why?

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5. How will the property be served by adequate public facilities, including roads, water, fire protection, sewage disposal and storm drainage for the intensity to which it is being rezoned?

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6. Explain how the rezone is in accord with the Comprehensive Plan.

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7. How does the rezone comply with all other applicable criteria and standards of the city?

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8. Explain how the rezone would not devalue surrounding or nearby property.

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9. Explain how the rezone will not result in an adverse environmental consequence.

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10. How will a down-zone diminish the value of the subject or surrounding properties? By how much?

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11. The extent to which the diminished value promotes the public health, safety, morals or welfare:

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12. How will the proposed restrictions on the property to be down-zoned preclude its use for any purpose to which it is reasonably suited?

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**I hereby certify that I have read this application and know the same to be true and correct.**

\_\_\_\_\_  
\*Signature of owner or authorized agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print

*\*If signatory is not the owner of record, the attached "Owner/Agent Agreement" must be signed and notarized*



# Owner/Agent Agreement

The undersigned is (are) the owner(s) of record of the property identified by the Kitsap County Assessor's account number \_\_\_\_\_, located at \_\_\_\_\_, Bainbridge Island, Washington. The undersigned hereby gives (give) consent and approval to

to act on his/her (their) behalf as his/her (their) agent to proceed with an application for (please

check all items that apply):

- ☐ preapplication conference
- ☐ planning permits
- ☐ construction permits (i.e. building, water/sewer availability, right-of-way, etc)

on the property referenced herein. This agreement authorizes the agent to act on the owner's behalf for the above checked applications through (date or specific phase) \_\_\_\_\_.

\_\_\_\_\_  
*Owner of record*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Owner of record*

\_\_\_\_\_  
*Date*

STATE OF WASHINGTON            )  
  ) ss.  
COUNTY OF KITSAP            )

*On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared:*

\_\_\_\_\_  
to me known as the individual(s) described in and who executed the foregoing instrument, and acknowledged to me that he/she/they signed and sealed the said instrument, as his/her/their free and voluntary act and deed for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

*WITNESS MY HAND AND OFFICIAL SEAL*, hereto affixed the day and year in this certificate above written.

\_\_\_\_\_  
*Notary Public in and for the State of Washington*

*Residing at* \_\_\_\_\_

My appointment expires: \_\_\_\_\_